

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

Mail Code 1982
PO Box 149347
Austin, Texas 78714-9347
(512) 834-6658

Budget/Fund #ZZ115/155
\$200.00 fee

MAIL APPLICATION PACKET WITH FEE TO:

Licensed Professional Counselors
PO Box 149347
MC 2003
Austin, Texas 78714-9347

APPLICATION FOR LPC LICENSURE

Type or Print Legibly Use N/A for not applicable.

I am making application for the following license: Temporary (Intern): ___ Regular: ___ Provisional: ___

Notice to Applicants:

Only complete application packets will be accepted by the board. Incomplete application packets will be returned to the applicant without review. The applicant will then have 45 days from date of notice to resubmit a complete application packet. If the corrected application packet is not returned to the board with a postmark within 45 days from date of the board notice letter the application fee is forfeited and the applicant will be required to reapply and include a new application fee.

GENERAL INFORMATION

Applicant Name: _____ Date of Birth: ____ - ____ - ____

Print Last Name Print First Name M.I.

Name(s) on transcript(s) if different from applicant name: _____

Social Security #: _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Preferred Mailing Address: _____

Home Telephone : (____) _____ - _____ Business Telephone : (____) _____ - _____

E-Mail Address: _____

OTHER LICENSING INFORMATION

Do you currently or have you ever possessed any license(s) or certificate(s) issued by any state? Yes ___ No ___
If yes, list name and license number and issuing state or organization of license or/certificate:

Have you ever been denied a professional license and/or certificate? Yes ___ No ___

Have you ever had a professional license and/or certificate revoked, suspended or denied in regards to a disciplinary action? Yes ___ No ___

If yes, list type of license/certificate, issuing state, action taken and reason for action:

Have you ever voluntarily surrendered a professional license or certificate? Yes____ No____

If yes, list types of license/certificate, issuing state, date of surrender and reason for surrender.

Have you ever been convicted, pled guilty, or nolo contendere to any misdemeanor or felony other than juvenile offenses or misdemeanor traffic violations? Yes____ No____

If yes, attach a certified copy of the official indictment, judgment and disposition, including dates, charges, city and any other pertinent information concerning the misdemeanor or felony. Application will not be processed without this information. Attachment: Yes____ No____

CURRENT EMPLOYMENT INFORMATION

Employer: _____ Position Title: _____

Mailing Address: _____

Employer Telephone No: (____) _____ - _____ Name of Supervisor: _____

Type of Practice: School____ Hospital____ Independent____ Government Agency____ Nonprofit____
Other (specify) _____

GRADUATE TRAINING (Transcripts must be submitted to the Board directly from the university by mail or e-script or with application in a sealed university envelope.)

I have a graduate degree in counseling or counseling related field(\$681.2(8)) and a minimum of 48 hours of graduate course credit in counseling related subjects as required in Rule 681.83. Yes____ No____

I have met the 10 core areas as required by §681.84 Yes: _____ No: _____

University awarding graduate degree: _____

University where additional courses were taken: _____

Official transcript(s) of graduate training is being sent directly to the LPC Board from the university.
Yes____ No____

Official transcript(s), in a sealed university envelope, is included with this application. Yes____ No____

PRACTICUM/INTERNSHIP EXPERIENCE (300 total clock hours required; 100 in direct client counseling)

I have completed a graduate level practicum/internship with a minimum of 300 clock hours and have included the Practicum/Internship Documentation form(s) with this application. Yes____ No____

SUPERVISORY AGREEMENT (Supervisor must be pre-approved by the Board)

I have entered into a supervisory agreement with board approved supervisor and enclosed the Agreement Form and copy of supervisor's renewal card with this application. Yes____ No____

EXAMINATION INFORMATION (Proof of the NCE and Texas Jurisprudence exam)
DO NOT APPLY IF THE NCE HAS NOT BEEN PASSED

I have passed the NCE and have enclosed proof of the passing grade Yes____ No____.

I have successfully completed the Texas Jurisprudence exam and have enclosed the certificate of completion.
Yes____ No____

SUPERVISED EXPERIENCE (*Applicants for Provisional License Only*). Supervised experience must be documented on LPC Board Supervised Experience Documentation Form. Applicant must hold a temporary license to accrue these hours if in the state of Texas).

I have completed the required clock hours of supervised training under an approved supervisor and the Supervised Experience Document(s) is/are included with this application. Yes____ No____

**DO NOT SIGN WITHOUT READING
CAREFULLY**

In making this application to the Texas State Board of Examiners of Professional Counselors for the issuance of a license:

- **I have read the Licensed Professional Counselor Act and am familiar with the requirements of the Act and with the Rules of the board. I agree to abide by the current and subsequent rules of the Texas State Board of Examiners of Professional Counselors**
- I have taken all required examinations necessary for the processing of my application.
- I agree to be bound by the Code of Ethics of the Texas State Board of Examiners of Professional Counselors.
- I understand that the fee submitted with this application is **non-refundable**.
- I agree that if issued a license, upon revocation, suspension, or cancellation of that license, I shall return the said license to the board.
- I agree to hold the Texas State Board of Examiners of Professional Counselors, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by the reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the board to issue me a license. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application.
- The information, which I have provided in this application, is truthful. I understand that giving the board false information of any kind may result in the voiding of this application and my failing to be granted licensure.

I request the following name appear, as printed or typed, on any license issued to me by the Board.

(Max of 29 characters, Counseling-related degree awarded must be included):

Print or type: _____

Signature of Applicant

Date

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)